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To:	Examiner Arleen Vazquez	From:	Eric Gifford
Fax:	571 273-8300	Date:	December ²⁶ 23, 2006
Phone:	571 272-2619	Pages:	20 (not including cover)
Re:	11/718,688	CC:	

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ATTORNEY-CLIENT PRIVILEGED COMMUNICATION

•Comments: Please find attached the response to the restriction requirement mailed December 14, 2006

Regards,

Eric Gifford

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PTO/SB/21 (09-04)

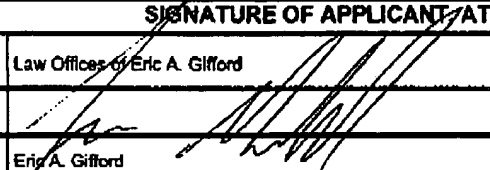
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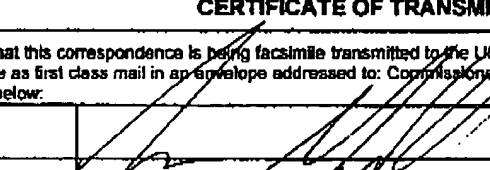
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	11/718,888	
	Filing Date	11/19/2003	
	First Named Inventor	Bert M. VERMEIRE	
	Art Unit	2829	
	Examiner Name	Amen M. Vazquez	
Total Number of Pages in This Submission	20	Attorney Docket Number	300-01-1-001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT/ATTORNEY, OR AGENT		
Firm Name	Law Offices of Eric A. Gifford	
Signature		
Printed name	Eric A. Gifford	
Date	December 26, 2006	Reg. No. 33,501

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Eric A. Gifford
Date	December 26, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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By: Eric A. Gifford, Reg. No. 33,501
Attorney for Applicant

Customer No. 042489

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Bert M. Vermeire
Group Art Unit: 2829
Serial No: 11/716,686
Examiner: Arleen M. Vazquez
Filed: 11/19/2003
Docket No.: 300-01-1-001
For: Prognostic Cell For Predicting
Failure of Integrated Circuits

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

No additional fees are believed necessary at this time. In the event that any additional fees are required for the prosecution of this application, please charge any necessary fees to Deposit Account No. 502972. No extension of time is believed to be necessary. If, however, an extension of time is needed, the extension is requested and please charge the fee for this extension to Deposit Account No. 502972.

In response to the restriction requirement dated December 14, 2006, please amend the claims as follows: